

REQUEST FOR LICENSEE LIST INCLUDING ADDRESSES AND/OR TELEPHONE NUMBERS

1. REQUESTOR'S INFORMATION

Name: _____ Title: _____

Organization Name: _____

Mailing Address: _____

Daytime Telephone: (_____) _____ Email: _____

Date of Birth: _____ Driver's License Number: _____

2. LICENSEE LIST BEING REQUESTED: (Please describe in detail the list you are requesting.)

What information are you requesting on this list? ☐ Addresses ☐ Telephone Numbers

3. SPECIFIC PURPOSE(S) FOR WHICH THE LIST WOULD BE USED:

NOTE: If this request is for the purpose of advertising a training workshop or seminar, a copy of the brochure/flyer must be submitted with this paperwork.

NOTE: The burden is on the Requestor to demonstrate to the Division that this request does not create an unwarranted invasion of privacy to the licensee(s) or a threat to public health, safety, and welfare.

4. REQUIRED SIGNATURE

I affirm under penalty of perjury that all information provided in this request is true and correct. I also attest to each of the following:

1. I am the person listed above as the "Requestor."
2. If provided, the list will only be used for the purpose(s) indicated above.
3. If provided, the list will never be disclosed to any other party for any reason or purpose.
4. If provided, the list will be destroyed once it has been used for the approved purpose(s) listed above.

Signature of Requestor

Date Signed